



PLEASE TYPE
OR PRINT IN BLACK INK

COMMONWEALTH OF VIRGINIA
COUNTY OF FAIRFAX
APPLICATION FOR ZONING MAP AMENDMENT

APPLICATION NO. _____
(Assigned by Staff)

PETITION

TO: THE BOARD OF SUPERVISORS OF FAIRFAX COUNTY, VIRGINIA

I (We), _____, the applicant(s),
petition you to adopt an ordinance amending the Zoning Map of Fairfax County, Virginia, by
reclassifying from the _____ District to the _____
District the property described below and outlined in red on the Zoning Section Sheet(s)
accompanying and made a part of this application.

PROPERTY DESCRIPTION

1. LEGAL DESCRIPTION:

Lot(s)	Block(s)	Subdivision	Deed Book	Page No.
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2. TAX MAP DESCRIPTION:

Map No.	Double Circle No.	Single Circle No.	Parcel(s)/Lot(s) No.	Total Area(Ac.or Sq.Ft.)
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3. POSTAL ADDRESS OF PROPERTY: (If any)

4. ADVERTISING DESCRIPTION: (Ex. South of Rt. 236, 1000 feet west of Rt. 274)

5. PRESENT USE: _____

6. PROPOSED USE: _____

7. SUPERVISOR DISTRICT: _____

The name(s) and address(es) of owner(s) of record shall be provided on the affidavit form attached and made part of this application.

The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter on the subject property as necessary to process the application.

Type or Print Name of Applicant or Agent

Signature of Applicant or Agent

Address

Telephone No.

Home

Work

Please provide name and telephone number of contact person if different from above.

DO NOT WRITE IN THIS SPACE

Date application received: _____

Application Fee Paid: \$ _____

Date application accepted: _____

Form RZ (10/89)